

Application or Docket Number

Application or Docket Number
101705-213

(Column 1)	(Column 2)
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* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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Application Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

TOTAL

TOTAL

TOTAL
ADD'L FEETOTAL
ADD'L FEEApplication Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

TOTAL
ADD'L FEETOTAL
ADD'L FEE

- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.